MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.		
1. PLACE OF DEATH: County Dorchester City or town Rural-Church Creek (If outside city or town timits, write RURAL and give nearest town) How long in above place of death? Three Years Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town Rural-Church Creek (If outside city or town limits, write RURAL and give nearest town) Street No. Church Creek		
Home-Church Creek	(If rurat, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Gladys Pearl Atkins	3. (b) Social Security Number		
4. Sea 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female white married	20. DATE OF DEATH. October 11, 19. 48, at 5:10A		
6.(6) Name of husband or wife. Harry K. Atkins 6.(c) II alive, give age. 49 7. Sirth date of deceased (mo., day, yr.) June 2, 1894	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
8. AGE: Years Months Days If less than one day 54 4 9hrsmin.	Immediate cause of death DURATION 2 Michael 2		
9. Birthplace Orange County, Vinginia (Town, county, and state) 10. Usual occupation Domestic	Due to At offerlands and R.D 10 grs		
11. Industry or business Housewife	Dué to		
12. Name C. V. Thomas 13. Sirthplace Not Known	Dither conditions Observed 30 50		
14. Malden name Not Known 15. Birthplace 11 1:	(tnelude pregnancy within 3 months of death) Major findings of operations.		
	Date of op		
16. Informant Mr. Harry K. Atkins	Antopsy results		
Address Church Greek, Maryland.	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Date thereof Oct. 13, 1948 (Burial, cremation, or removat. Which?) (month) (day) (year) Cemetery or crematory Old Trinity Cemetery	Accident, suicide, or homicide		
Location Church Creek, Maryland.	Injured at home, larm, Industry, public place (where?)		
18. Funeral director LeCompte's Funeral Service	Meane of Injury Injured at work?		
Address Cambridge, Maryland.	- DE CHANTING (Marcheson In 1)		
19	Address. Date signed		

WITH UNFADING INK. Supply every item of information careful important. Physicians: please write the causes of death clearly an

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Char	lea St., Baltimore
CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAH and give newest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
5. Color or race 6. (b) Single, married, widowed, or divorced 6. (c) If alive, give age	MEDICAL CERTIFICATION 2D. DATE DF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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				CERTIFICA	TE OF DEATH Reg. Diat. No	1.6			
1. PLACE C	or DEATH	ster			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)				
City or town	Cambr	idge, Ma	ryland	URAL and give nearest town)	Stale Maryland Couply Dorchester				
	(If outsi	eath? 26	davs	UKAL and give nearest town)	City or town Williamsburg (If outside city or town limits, write RURAL and give nearest town)				
How long in abi	ove place of o ution, or stre	el address where	dealh occurred	:					
Easte	ern Sh	ore Stat	e Hospi	tal	Sireel No				
How long in he	ospital or Ins	litulion? 2	6 days		2.(a) If veteran, name war				
3. (a) FULI	NAME				3. (b) Social Security	Number			
Earl	Nich	ols Chri	stopher		None				
4. Sex		Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male		White	Sir	ngle	2D. DATE OF DEATH October 11, 1948 19 48	at 2:45P. M			
7. Birth date o	f) If alive, give ageyears	and that I last saw h	11 19 48			
deceased (m	Years	Months	Days	I If less than one day	Immediate cause of death	DURATION			
o. AGE:	38	9	11	hrsmln.	Chronic encephalitis and 18 years with Parkinson Syn	18 yrs			
1D. Usual occ	upationr	None	eounty, and a		Due to	- 4 - E FC			
		bert Lew ryland	is Chri	stopher	Diher conditions	***************************************			
			- 7 7		(include pregnancy within 3 months of death)				
		da Marsh	ä.L.L	***************************************	Major findings of operations				
∑ 15. Birthp		aryland			Date of op				
16. Informant.	East	ern Shor	e State	e Hospital record	Autopsy results				
Address	Camb	ridge, 1	arvland		PHYSICIAN: Please underline the cause to which death should be charged	Haustically.			
	4	130			22. VIOLENCE: If death was due to external causes, fill in the following:				
(Burial, ct	emotion, or	removal. Whigh	Date inere	of 10-13-1948 (month) (day) (year)	Accident, suicide, or homicide Date of				
Cemetery or	peramatery	Cash	Neu) Market	Where did injury occur? (City or town) (County)	(State)			
Location C	Ch), A).011.	may	Ke Rosono.	Injured at home, farm, industry, public place (where?)	**********************			
	1	Y. J. M. News	-/-/	- Phones -	Means of Injury Injured at work?				
18. Funeral d	rector ()	eleud	(4) S	no	23 SIGNATURE Robert Bestrand May.	720			
		c	00	mare him	M. D.	or other			
19	d by regist	19 + €/	0	Registrar	Addres 6.5. M. Date signed.	10/1/148			

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UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and legib

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

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			CERTIFICA	IL OI	DLAIII		Reg. Dist. No	TTO
1. PLACE OF DI	EATH: nester			(For	Al. RESIDENCE (H	residence of m	other)	
(11	City or town Rural-Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				State Maryland County Dorchester City or town Rural-Cambridge (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, e	or street address where PD # 1		Street No.	Street No. RFD # 1 (If rural, give LOCATION)				
How long in hospital	or Institution?			2.(a) If ve	teran, name war			
3. (a) FULL NAM			l Elzey				3. (b) Social Securit	ty Number
4. Ser Male	5. Color or race White		e, married, widowed, or divorced	2D, DATE D			RTIFICATION 30, 19 4	8 , 10:30
6 (h) Name of huckans	or wife Lenn	ie Hur	elay	21. I CERTI	IFY that death occurred o	on the date above	stated; that I attended do	eceased from
7. Birth date of deceased (mo., day,	yn) Sept.	1, 18	e) If alive, give age 51 years	and that ()	last saw h Lacalive	on O	S Out	9 0 19 K
8. AGE: Year 56	rs Months	Days 29	If less than one day	n.	Myoc	ande	al Jailer	e / world
	# 1, Ca (Town. Farmer		ge, Martland	Due to	Almo	sele.	olic / p.D.	intern
11. Industry or busine	"Dirt			Due to				
置 12. Name CI	cockett E	lzey		Dther condi	itions		•••••	•
	Maryland. Lavenia	Abbat	t		(Include pregnan			
15. Birthplace 1	Maryland			Major find	iugs of operatious			
16. Intermant			y, Maryland.		esults		h death should be charge	
Buris (Buris), cremation	al n, or removal. Which?	Date there	Nov. 2, 1948 (month) (day) (year) Memorial Park	Accident, s	NCE: It death was due to suicide, or homicide	•••••	Date of	
	mbridge,				448		(County) re?)	(State)
			neral Service	Moens of In		o c prace (when	Injured at work?	
	ambridge,						- /	
	3 19 X 8		- mace, fr:	28 SIGNAT	136 Ra	enja	Canproge"	Jack of her
(Date rec'd by re	egistrar)	V	Registra	Address	1.1.	~	Date signe	d

WITK ENFADING INK. Supply every item of information carefull, important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING PLAINLY, vis especially

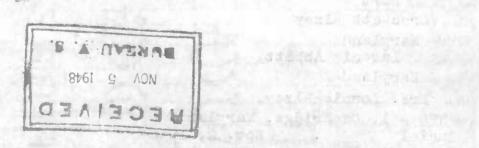
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2411 N. Charles St., Baltimoru

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE				2. USUAI. RESIDENCE (HOME) OF DECEASED: (For production infants give residence of mother)			
County Dorchester Rural-Church Creek				State Maryland County Dorchester			
aty or town				Rung 1 - Church	Creek		
How long in above plac	e of death?) Year	S	(If outside city or town limit	ts, write RURAL and give nearest town)		
Mospital, Institution, o	r street address where aurch Cre	geath occurred		Street No. Church Creek	***************************************		
			-		e LOCATION)		
How long in hospital of 3. (a) FULL NAM			***************************************	2.(a) If veteran, name war			
3. (a) FULL NAM		senh	Henry Eskridge		3. (b) Social Security Number		
4. Se1	5. Color or race	_	. married, widowed, or divorced	14771011			
Male	White		rried		ERTIFICATION		
				20. DATE OF DEATH. Octobe	er 29, 18 48 at 6:30A		
6.(b) Name of husband	or wife Netti	le Ins	ley	21. I CERTIFY that death occurred on the date at			
) It alive, give age		Y8 10 Oct 29, 19 48		
7 Right date of	yr.) June 21				Oct 28 19 4.6		
8. AGE: Year		Days	If less than one day	Immediate cause of death	OURATION / day		
61	. 4	8					
W1	lmington	Dela	ware	Bue to			
	(Town,	county, and s	tate)	Due to			
10. Usual occupation.	Laborer			Que to.	3011		
11. Industry or busines	ss			1			
至 12. NameRo	bert H. I	Eskrid	lge	Other conditions			
13. Birthplace	Delaware						
14. Malden name	Nob Know	m		(Include pregnancy within 3 months of death)			
TO 45 Bi-th-land	11 11			Major findings of operations			
	D Eal	mad diese					
				Autupsy results			
	rch Creel			22. VIOLENCE: It death was due to external ca			
17 Burial	n, or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide			
			CEMETERY	Whers did injury occur?(City or town)			
		1.6		(City or town) Injured at home, farm, Industry, pub ¹¹ c place (1			
			Co., Mo.	Msans of injury	Injured at work?		
			neral Service				
Address C8	mbridge,	Mary	and.	23. SIGNATURE aurènce	Manzanov ky.		
11 -	2 18	· Joh	- made, Jr.	23. SIGNATURE	M, D, or other		
(Date rec'd by re	egistrar)	()	Registrar	Address Campage	Date signed		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10413 Reg. Dist. No. 116

CERTIFICATE OF DEATH

City or town(If or	nester chsburg theide eity or town I of death?	death occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) Stale Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give neerest town Street No. Cedar Street (If rurs), give LOCATION) 2.(a) Il veleran, name war.				
3. (a) FULL NAME	8	Thel	- Fisher	3. (b) Social Security Numbe				
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	47151		
female	negro	M	arried	20. DATE OF DEATH. Oct 15	19 48 31	Р.		
6.(b) Name of husband			isher Dec.		48 10 Oct. 15	1948		
7. Birth date of) Il alive, give age	and that I last saw h eralive on Q.C.		.19		
deceased (mo., day, y) July]	Bays	うん It less than one day	Immediate cause of death	DI	URATION		
8. AGE: Years	4	00/3	hrs.	Cerebral Thromb	osis /	day		
9. BirthplaceMa. 10. Usual occupation 11. Industry or bustness	House	e Wife	tate)	Due to. Hypertensive disease	Cardiovascular			
f2. NameJe	mes Roy Mar on	wley Stati	on	Dther conditions				
13. Birthplace				(Include pregnancy within 3				
14. Maiden name 15. Birthplace	Planian	Statio		Major fiediogs of operations				
≥ 15. Birthplace	Marion	Juanto	11		Date of op			
ને . ક	arah Wa ast New .	ra Market	;	PHYSICIAN: Please underline the cause to v	which death should be charged statistics	dly.		
17. Bether (Burial, cremation, Cemetery or cremato	or removal. Which y Cemete nbridge,	Date there	ot 18, 19 (month) (day) (year)	Where did Injury occur?	Date of)		
18. Funeral director	Lewis H	e, Mar	ryland	Msans of injury 23. SIGNATURE.	Harreble Harreble			
	8 1948	2-0	- Mace,	No 1200 / 1/0 7 - 7	M. D. or other Date signed /0-1	-		



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(Date rec'd by registrar)

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35	Evidence birth da	te sh	lown	on:
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MARYLAND STATE DEPARTMENT OF HEALTH

Registrar

2411 N. Charles St., Baltimore

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G	117	OCT	15	1948	CERTIFICATE	OF	DEATH	[

Reg. Dist. No. 116

	2. USUAL RESIDENCE (HOME) OF DECEASED:
1. PLACE OF DEATH: Danda to	(For newhorn infants give residence of mother)
County	State Maryland County Dre
Control City or fown	
Supt 24 1948	City or town (If outside city or town limits, write RURAL
How long in above place of death. Hospital, institution, or street address where death occurred:	Sireet No. 315 Locust St.
Combridge - Manyland Graf, Fol Suc	(If rural, give LOCATION)
How long in hospital or instit Oon? 16 Bags	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Socia
Mrs. Della Bassett grad	liw
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divoiced	MEDICAL CERTIFICAT
Temale White Widowed	20. DATE DE DEATH Oct. 10
6.(b) Name of husband or wife. He but goaline	21. I CERTIFY that death occurred on the date above stated; that I:
	Sept. 23 19 48 10 0
7. Birth date of C. L. G. L. G	and that I last saw he alive on
deceased (mo., day, yr.)	Immediate cause of death Caudian Jailus
8. AGE: Years Months Days It less than one day	and decomposition ;
7/ /hrs	
7 1 + C + +	
9. Birthplace	Shale lithis in
10. Usual occupation	
10. Usual occupation	Passe by themas
11. Industry or business	muliform
E 12. Name John W. Bassett	Other conditions
13. Birthplace Dachetter County	
14. Maiden name Elizabeth Harding	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations Charles Charles
15. Birthplace Dochster County	_ chalithing; nausumy on
16. Informant Cartter Goslie	Autopsy results
	PHYSICIAN: Ptease underline the cause to which death should
Address 202 Wills St.	22. VIOLENCE: It death was due to external causes, fill in the fol
BURIA L Bate thereof Oct. 12 194.5 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
	Where did Injury occur?
Cemetery or crematory DORCHESTER MEMORIAL PAR	Mere did injury occur?(City or town) (Cou
Location CAMBRIDGE, MARYLAND	injured at home. farm, industry, public place (where?)
18. Funeral director LE COMPTE'S FUNERAL SERVICE	0 0 1
Address CAMBRIDGE, MARYLAND.	23 SIGNATURE Cartley Bringfield
10-10 x8 John Mace, J.	m 23 SIGNATURE
10 - 10 XO	

tate Maryland	County Drekestee
ity or town(If outside city or to	own limits, wite RURAL and give nearest town)
315 /	
	ural, give LOCATION)
!.(a) It veteran, name war	
	3. (b) Social Security Number
	CAL CERTIFICATION
O, DATE OF DEATH Oct.	10 19 48 3 3 17 p
1. I CERTIFY that death occurred on t	he date above stated; that I attended deceased from
Syst 23	19 48 10 at 10 1948
ind that I last saw hallve on	Out 10 19 48
mmediate cause of death Cou	dia failue DURATION
and decomposition	entione);
artero schoon	v : wema
Chale of this and	rale cyclitis with
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	mutilomi
ther conditions	0
	within 3 months of death)
fajor findings of operations C.M.	
chalithinas ;	manusing the of op.
Autopsy results	cause to which death should be charged statistically.
2. VIOLENCE: It death was due to	
	Bate of
Where did injury occur?(City	or town) (County) (State)
njured at home. farm, industry, public	
Means of Injury	Injured at work?
0	0 . 1
23 SIGNATURE Cartle	Bringfield MD.
D. 1 P 1	M. D. or other
Address O Address	Date signed Uta 70,144



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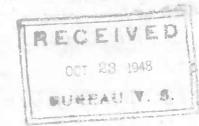
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N	I. Ch	arlea	St.,	Baltimore
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CERTIFICA	IE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County City or town (If outside city or town limits, writh RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Roc pawborn infantagiva residence of mother) State City or lown (If outside city or town limits, write RURAC) and give nearest town) Street No. (If rural, give LOCATION) 2.(a) Il veteran, name war.
3. (a) FULL NAME Carril Mae Gosto 4. Sex 5. Color or race 8. (a) Single, married, wildowed, or divorced	3.(b) Social Security Number 218-09-714
Temple white widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. O. 17, 19/9/8/15/55
6.(b) Name of husband or wife Parece W. Dorwelle 7. Birth date of deceased (mo., day, yr.) March 25, 1897	21. I CERTIFY that death occurred on the date above stated; I had attended deceased from 19 4 8 to CT 17 19 48 and that I last saw h. Excall ve on CC 7 17 19 48
8. AGE: Years Months Days II less than one dayhrsmin.	Pretostatic adeno carcinona 2 y RS:
9. Birthplace forces (Town, county, and state) 10. Usual occupation	Due to.
11. Industry or business or will M. Poutlinghouse 12. Name or will M. Poutlinghouse 13. Birthplace Someraid Co.	Diher conditions Rheumatord authors ?
14. Maiden name Assulra Aun Purke 15. Birthplace Someral Co	(Include pregnancy within 3 months of death) Major findings of operations. INTRA CANICUL AR ADENO - CARCINOMA. Date of op. 174/1941
18. Informant Novald Parillughan	Antopsy results
(Burial, cremation, or removal Chich?) Date Ihereot (month) (day) (year) Cemetery or crematory	Accident, suicide, or homicide
Location Carulty & Md. 18. Funeral director Kannetts K. Shannar	Injured at home, tarm, Industry, public place (where?) Msans of Injury Injured at work?
Address Cambridge, Snd. 19. 10-21 19 x8 from Mace, fr., M (Date rec'd by registrar) (Date rec'd by registrar) (Registrar)	By SIGNATURE Reubrid & That M. D. OF OFFICE 148

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10416

	Reg. Dist. No.
1. PLACE OF DEATH: County White County or town imits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street Mo. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mula Parell 4. Sex 5. Color privage 6.(a) Single, glarried, widowed, or, divorced	3. (b) Social Security Number MEDICAL GERTIFICATION
male White Married	20. BATE OF DEATH October 14 10 48 1 3:00 F
8.(b) Name of husband or wifs	21. I CERTIFY that death occurred on the date above stated: that hattended disceased from
7. Birth date of deceased (mo., day, yr.) 201. 13 18 15	and that I lest saw h.A.M. alive on C. C. S.
8. AGE: 9 Years Months Days If less than one day	Chronic Myorandial Legen- 54007
9. Birthplace (Town, county, and state)	Due to serility 5 yrs +
18. Usual occupation. Lettle of Landstry or business Condy Lalespray	Due to
E 12. Name Doniel Harker.	Other conditions
14. Malden name Officer Conditions of the Condition of th	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Inches & arper,	Autopsy results.
Address Juloak	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide Date of
Cometery or crematory	Where did injury occur?
18. Funeral director. J., 18. Milloyu 9 Milloy	Means of Injury Injured at work?
Bot 7- 48 Real Harling	23. SIGNATURE W CHARLESON M. D. or other
(Date rec'd by registrar) Registrar	Address Sturlock Ma. Date signed 10/17/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Total Plate Normalian and American
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dorchester	" Nomeland Dorohaster
Cliy or town Cambridge (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 59 years	City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 506 Pine Street
40 flans.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
IDA JACK SON	
4. Sex S. Color or race S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Negro Widow	2D. DATE DF DEATH. October 7 19 48 31 4 A.
S,(Ö) Name of husband or wife	21 T CERTIEV that death assured on the data share stated, that I attended decreased from
	Dead off asserval 19
6. (c) If alive, give age yea	and that I last saw h. alive on ou arrival 19.
deceased (mo., day, yr.) March 12, 1871	Immediate cause of death
B. AGE: Years Months Days It less than one day	Coronay Occlusion 15 his
77 6 25hrsmlr	л.
Birthplace Crapo, Dor. Co. Maryland (Town, county, and state)	Due to arterios clerosis ?
10. Usual occupation Housewife	
11. Industry or business Home	Due to
Mhomag W Sleanm	
13. Birthplace Crapo, Dor. Co. Maryland	Uniting Conditions
El 13. Birtippiace (12 Cipros Doze Company	(Include pregnancy within 3 months of death)
14. Maiden name Sarah Anne Slacum 15. Birthplace Crapo, Dor. Co. Maryland Enoch Thomas	Major findings of operations. Zeary
15. Birthplace Crapo, Dor. Co. Maryland	Date of op.
to Informant Enoch Thomas	Actory results. Marie
Address Cambridge, Maryland	PHYSICIAN: Please underline the cause to which death shoold he charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Bate thereof Oct 10, 1948 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, sulcide, or homicide
Cemetery or crematory Waugh Cemetery	
	(call) of town/
Location Cambridge, Maryland	
18 Funeral director Herbert M. St. Clair, Jr.	Meene ot injury Injured at work?
Address Cambridge, Maryland	Clarify the Depart me lies armi
	23. SIGNATURE.
19. (Date rec'd by registrar) Registra	Address Cacubrage Md Date signed 108-44.

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SAINLY, WITH UNFADING INK. Supply every item of information carefully. It especially important. Physicians: please write the causes of death clearly and legil

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. // C

1. PLACE					2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:	
County. Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)					State Maryland county Talbat		
How long in ah	ove place of	death?9.	mos	8 das.	City or town		
Easter	n Sho	re State	Hospit	al	Street Ho. (If rural, give		/
How long in h	ospital or Ins	titulio 9 i	nos., 8	das.	2.(a) If veteran, name war	***************************************	V
3. (a) FULI	LNAME	Thomas l	Mallieu	Jenkins		3. (b) Social Security None	Number
4. Sex	5	. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male		White	Mar	ried	20. DATE OF DEATH October 4.	1948	
6.(b) Hame of	husband or		6.(Barnes c) If alive, give age	21. I CERTIFY that death occurred on the date about 19	re atated; that I attended dece	esed from 19.418
deceased (n	no., day, yr.)	Octobe	er 23,	1876	Immediate cause of death		
8. AGE:	Years 71	Months	Daya	If less than one dayhrs min.	Cerebral Hemorrhage	5	72 hours
1D. Usual occ	upation			atate)	Due to Arteriosclerosis		5 yrs.
	Mir				Dther conditions Senility and		
13. Birthi	place	Palbot Co	ounty,	Maryland	debilitation (Include pregnancy within 3 m	nonths of death)	-
H 14. Maid	en name	Annie Ma	llalier	1	Major findings of operations		
E 15. Birth	place	Cent Cou	nty. Me	ryland	Major and age of option		
11	14. Malden nameAnnieMallalieu				Autopsy results		
Address Cambridge, Maryland 17. (Burial, cremation, or removal, Which?) Date thereof. (manth) (day) (year)				10/ 1.15/	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of	
Location Vocal Nd Soul 18. Funeral director M. S. Neumagne 4 Sou					Whera did Injury occur?(City or town) Injured at home, farm, Industry, public place (wh		
					Maena of injury	Injured at work?	
18. Funeral d	lirector	104.	Jeen	rape 7 con		1.11.	. /
Address		Zaste	m J	30,01	23. SIGNATURE		or other
19. / 0	/6	19.48		// Ty / / lenus Registrar	Address	ш. Б.	or other

RECEIVED

OCT 8 1945

BUREAU V. S.



PLEASE WRITE

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

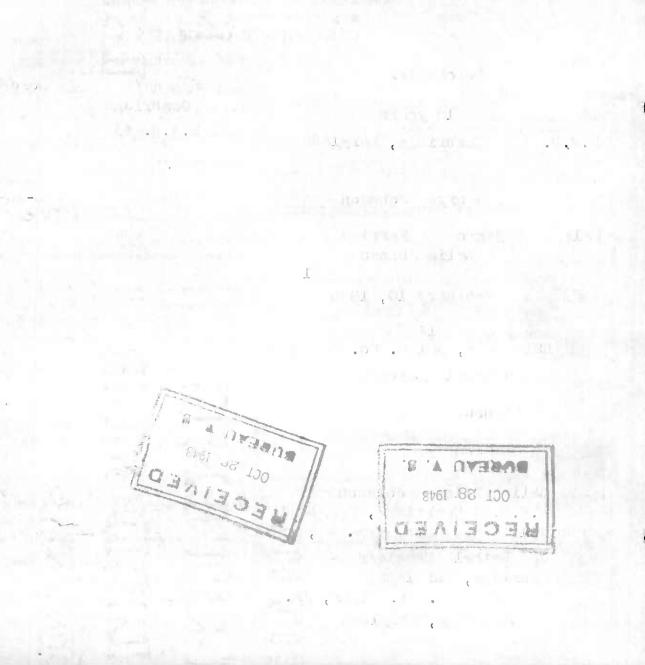
93d

10419

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH: County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 18 years Hospital, institution, or street address where death occurred: R.F.D. # 3 Cambridge, Maryland How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. R.F.D. #3 (If rurel, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
George Johnson	220-10-6722
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION Oct. 23 48 9 P.
6.(b) Name of husband or wife Lelia Johnson 6.(c) If alive, give age 51 7. Birth date of deceased (mo., day, yr.) February 10, 1896	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 19 48, to Oct. 23 19 48 and that I last saw h. I.M. alive on Oct. 21 19 48.
8. AGE: Years Months Days It less than one day 52 8 14 hrs	Immediate cause of death DURATION Congestive Heart failure 9 mas
9. Birlhplace Baltimore, Balto. Co. Maryland (Town, county, and state) 1D. Usual occupation General Laborer 11. Industry or business	Due to Du
12. Name	Other conditions
14. Malden name Unknown 15. Birtholace	Major findings of operations. Date of op.
Address R.F.D.#3 Cambridge, Maryland	Aotopsy results
Burial (Burial, cremetion, or removal, Which?) Date thereof, Oct. 27, 1948 (month) (day) (year) Cemetery or crematory. Bethel	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Cambridge, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director Herbert M. St. Clair, Jr. Address Cambridge, Maryland 19	Means of Injury Infered at work? 23. SIGNATURE M. D. or other Address And Day 10 - 26 - 19



PLEASE WRITE P

The correct age

MARYLAND	STATE	DEPARTMENT	OF	HEALTI
MINITITION	DIWIT	DLIANIMILMI	UI	HEALI

2411 N. Charles St., Baltimore

EALTH 46d

Reg.	Dist.	No.	64

10420

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County forclastes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or fown East Mark hardet (If outside city or town limits, write RURAL and give nearest town)	State County Conferter		
How long in above place of death? 5 weeks	(If outside city or town limits, writs RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
William W. Johnson	213-22-8064		
4 Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Maried Maried	MEDICAL CERTIFICATION 20. DATE DE DEATH. Qualification 7 19 48 , at 6:45 P.		
6, (b) Name of husband or wife. Meelie D. Johnson	20. DATE DF DEATH		
7. Birth date of	and that I last saw h. a m alive on Oct 4. 19. 4.		
deceased (mo., day, yr.) October 26, 1894	Immediate course of death CARCINOTA 9 DURATION		
8. AGE: Years Months Days If less than one day	Redum with general.		
53 // // hrsmin.	metasticis 0		
9. Birthplace forchattes (Town, county, and state)	Due to		
10. Usual occupation Day Laborer			
11 Industry or business Faran	Due fo		
E 12. Name Robert Caphas	Other conditions		
13. Birthplace Dorchester County, Maryland			
William and wary	(Include pregnancy within 3 months of death)		
14 Malden name. Wielia Johnson	Majur fiudiugs uf operatiuus		
14 Malden name Willia Johnson 15 Birthplace Dorchester County, Maryfand	Date of op		
16. Informant Mrs. Meelie D. Johnson	Autupsy results		
Address Each Year Market Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial (Burial, cremstion, ur removal, Which?) Bate thereof October 10, 1949 (month) (day) (yeur)	VIOLENCE: If death was due fo external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Hashington Country	Where did Injury occur?		
Location Near Hurlando Maryford	Injured at home, farm, Industry, public place (where?)		
18 Funeral director & Transflow and Son	Meens of injury Injured at work?		
Address Federalsburg, Maryfand	23. SIGNATURE A TOURIN Jassett		
18. October 9 1948 5. 5. Framstom	300 Min Com huidels note street 10-8-48		



FOR BINDING

RESERVED

MARGIN

VS-A15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

116

1. PLACE OF DEATH: County. Dorchester (if custide city or town limits, write RURAL and give nearest town) How long is absorbed of death; Hospital, institution, or streat address where death occurred: Cambridge Maryland Hospital Now long in hospital or institution; Now long in hospital or institution; Two Weeks 3. (a) Full NAME John Lichtl 4. Set		Atop: Plots 170 minimum
John Lichtl 4. Sex Male S. Color or race Male S. (a) Single, married, widowed, or divorced Married October 12, 18. 48 at 12 Married	County. Dorchester City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Two Weeks Hospital, institution, or street address where death occurred: Cambridge Maryland Hospital How long in hospital or institution? Two Weeks	(For newborn infants give residence of mother) State No. Rural-Cambridge (if outside city or town limits, write RURAL and give nearest town) RFD # 2 (if rural, give LOCATION)
Male White Married 6.(b) Name of husband or wife. Amelia Singer 7. Birth date of deceased (mo., day, yr.) Dec. 22, 1872. 8. AGE: Years Months Days If less than one day 75 min. 9. Birthplace. Rebendorf, Austria (Town, county, and state) 10. Usual occupation. Farmer 11. Industry or business Dirt 12. Name John Lichtl 13. Birthplace Austria 14. Maiden name. Theresa Schissler 15. Informant. Mrs. John Lichtl Address RFD # 2, Cambridge, Maryland. 16. Informant. Mrs. John Lichtl Address RFD # 2, Cambridge, Maryland. 17. Burial 18. Information, or removal. Whilen?) Date thereof Oct. 15, 1948 Date thereof Oct. 15, 1948 County last death address as a last decourage on the date above stated: that lattenged deceased from 19. Industry on University of the date above stated: that lattenged deceased from 19. Industry on University on Univers		3. (b) Social Security Number
8. (b) Name of husband or wife. Amelia Singer 5. (c) If alive, give age. 68 7. Birth date of deceased (mo., day, yr.) Dec. 22, 1872. 8. AGE: Vears Months 9. Birthplace. Rebendorf, Austria (Town, county, and state) 10. Usual occupation. Farmer 11. Industry or business Dirt 12. Name. John Lichtl 13. Birthplace Austria 14. Maiden name. Theresa Schissler 15. Birthplace Austria 16. Informant. Mrs. John Lichtl Address RFD # 2, Cambridge, Maryland. Address RFD # 2, Cambridge, Maryland. 17. Burial 18. Informant. Mrs. John Lichtl 19. Major findings of operations. Major findings of operations. Major semation, or removal. Which?) Date thereof. Oct. 15, 1948 ((Burial, cremation, or removal. Which?) Date thereof. Oct. 15, 1948 Accident, suicide, or homicida. Date of op.		October 12 48 12 Mil
8. AGE: Years Months Days Hiess than one day 75 9 20 hrs. min. 9. Birthplace Rebendorf, Austria (Town, county, and state) 10. Usual occupation Farmer 11. Industry or business Dirt 12. Name John Lichtl 13. Birthplace Austria 14. Malden name Theresa Schissler 15. Birthplace Austria 16. Informant Mrs. John Lichtl Address RFD # 2, Cambridge, Maryland. 17. Eurial 18. Informant Mrs. Done Lichtl Date thereof Oct. 15, 1948 19. Date thereof Oct. 15, 1948 10. Usual occupation Farmer 10. Usual occupation Farmer 10. Usual occupation Farmer 11. Industry or business Dirt 12. Name John Lichtl Major findiags of operations. Major findiags of operations. Major findiags of operations. Antopsy results. PHSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op.	7. Blab data of	and that I last saw hissailve on Clother 12 19 41
(Town, county, and state) Farmer 10. Usual occupation. Farmer 11. Industry or business Dirt 12. Name John Lichtl 13. Birthplace Austria 14. Malden name Theresa Schissler 15. Birthplace Austria 16. Informant Mrs. John Lichtl Address RFD # 2, Cambridge, Maryland. 17. Burial 18. Cambridge, Maryland. 19. Date thereof Oct. 15, 1948 (Buriai, cremation, or removal, Which?) 19. Survival auttoring auttoring auttoring auttoring facilities. There are the Caustria auttoring auttoring facilities. There are the Caustria auttoring facilities. Major findings of operations. Physician: Physician: Please underline the cause to which death should be charsed statistically. Physician: It death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of	8. AGE: Years Months Days If less than one day	
Location Cambridge, Maryland. 18. Funeral director Le Compte's Funeral Service Address Cambridge, Maryland. 19. Signature Cambridge, Maryland. 19. Signature County, public place (where?)	(Town, county, and atate) 10. Usual occupation. Farmer 11. Industry or business Dirt 12. Name. John Lichtl 13. Birthplace Austria 14. Malden name. Theresa Schissler 15. Birthplace Austria 16. Informant. Mrs. John Lichtl Address RFD # 2, Cambridge, Maryland. 17. Burial Date thereof Oct. 15, 1948 (Burial, cremation, or removal. Which?) Cemetery or crematory. Greenlawn Cemetery Location. Cambridge, Maryland. 18. Funeral director. LeCompte's Funeral Service	Other conditions Clarific Tables Clincing Peleutia Other conditions Clincing Peleutia Clincing Personal States (Include pregnancy within 3 months of death) Major findings of operations Date of op. Antopsy results PHYSICIAN: Please underline the cause to which death should be charsed statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?

RECEIVED

OCT 16 1948

BUREAU V. S.



46a

10422

CERTIFICATE OF DEATH

1 DIACE OF DE	ATU.			E OF DEATH Reg. Diat. No. 116	
1. PLACE OF DE	Ain: nester			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)	
Con	ihmi daa			State Maryland County Dorchester	
ity or town	nateida city or town iim	its, write RURAL and give ne	arest town)	Cliy ar town. Cambridge (If outside city or town limits, write RURAL and give nearest town	
ow long in above place	of death?	Tears	*****************	(If outside city or town limits, write RURAL and give nearest town	1)
303	Washingto	n St		Streel No. 303 Washington St. (If rural, give LOCATION)	******
	r Institution?		***************************************	2.(a) If veteran, name war	
3. (a) FULL NAM				3.(b) Social Security Number	-
5. (u) I O MA I III		George W.	Lowe	3. (b) Social Security Manuel	
4. Sex	5. Color or race	6.(a)Single, married, widowed, o	r divorced	MEDICAL CERTIFICATION	
Male	White	Divorced		20. DATE OF DEATH October 2, 19 48 at 12	: 0
e (h) Hama of hughand	Marv Marv	Kelly		21 I CERTIEV that death occurred on the date above stated: that I atlended deceased from	
				17 JULY 1048 to 2 OCT	192
7 Block date of			years	and that I last saw h./ A alive on Z OCT	197.
		pays If less than one	lav	Immediate Capse of death	RATIO
8. AGE: Year		1hrs.	min.	ESOPHAGUS	

9. Birthplace. Call	(Town, c	FD # 5, Md.		Due to	• • • • • • • •
fO. Usual occupation.	Watch-Ma	ker Retired			
11. Industry or busines	11	11 11		Due fo	*******
		<u> </u>		Other conditions PULMONARY	******
	laryland	***************************************		(Include pregnancy within 3 months of death)	
		Russell		(Include pregnancy within 8 months of death)	
14. Malden name	ser-3	TINDDOTT	********	Major findings of operations	
14. Maiden name 15. Birthplace A	aryiand			Date of op	
16. Informant Nel	lie Lette			Autopsy results	1-
Address Can	bridge, N	larylan d			17.
17 Buria	1	Date thereof Oct. (month) (5 1948.	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide	
(Burial, cremation	n, or removal. Which?)	(month) (day) (year)		******
		-OWN METHODIS		Where did injury occur?(City or town) (County) (State)	
	,	DOR. Co., MARY		tnjured at home, farm, industry, public place (where?)	******
18. Funeral director	Le Compte	s Funeral Se	rvice	Means of injury Injured at work?	
	ridge, Ma			7.0+ & ZZ . 60 m	1
			le m	23. SIGNATURE M/D. of other	1.
10 10 -	J - 19 × 0	John Mac	~ '\\ '')	Address C. Date Sened 3 -00	. 7

MARGIN REJERVED FOR BINDING

VS A15

RECEIVED

OCT 8 1948

BUREAU V. 8.



correct age

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE

PLEASE

RESERVED FOR BINDING

MARGIN

CERTIFICAT	LE OF DEATH Reg. Diat. No. 110
1. PLACE OF DEATH: County Dorchester	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 45 Years Hospital, institution, or street address where death occurred:	State Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. 16 Race Street
16 Race Street How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veleran, name war
3.(a) FULL NAME J. Albert Marshall	3. (b) Social Security Number 214-07-8551
Male Scotor or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH OCTOBER 19, 1948 14:45P
6.(b) Name of husband or wife Ida Mae Meredith 6.(c) If alive, give age 53 years 7. Birth date of deceased (mo., day, yr.) March 25, 1884	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 15 to 19 17 and that I last saw h 21 20 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day 64 6 24 hrs	Immediate cause of death Double Salva DURATION
9. Birthplace RFD # 3. Cambridge, Maryland (Town, county, and state) 10. Usual occupation Salesman-Retired	Due to
11. Industry or business Clothing	Due to
James E. Marshall 13. Birthplace Maryland	Bther conditions Average (Status)
14. Maiden name Annie E. Cook 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mrs. Ida Marshall Address Cambridge, Maryland.	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
Burial Date thereof Oct. 21, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Greenlawn Cemetery Location Cambridge, Maryland.	Where did Injury occur?
18 Funeral director LeCompte's Funeral Service	Meens of Injury Injured at work?
Address Cambridge, Maryland.	22 SIGNATURE KuySlute MA.
19. (0 - 2 1948 Jahn Mace, J. M (Date rec'd by registrar) (Registrar	Address Cambrilge Wh. Date signed 1 492-19

Salve .

A Company

RECEIVED

OCT 23 1948 BUCEAU V. J.

CERTIFICATE OF DEATH

CERTITION	Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Somerset City or town Marion Station (If outside city or town timits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Alice C. Martin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white single	20. DATE OF DEATH October 26 19 48 .21 7:45 p
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1, 19.47 to October 26 1948 and that I last saw h ex alive on October 26 1948 Immediate cause of death.
8. AGE: Years Months Days If less than one day	Gangrene of the foot
87 unknownhrsmin.	- 34
9. BirthplaceMaryland (Town, county, and state) 10. Usual occupationhousework 11. Industry or business	Due to Arteriosclerosis Due to
E 12. Name William Martin 13. Birthplace Maryland	Other conditions Schizophrenia, paranoid Type
置 14. Maiden name Emeline Walker	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations.
14. Maiden name Emeline Walker 15. Birthplace Maryland	
16. Informant Eastern Shore State Hospital Records	Autopsy results
Address Cambridge, Maryland	
17 291111 Date thereof 27 29, 1948	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, Suicide, or homicide
1 1 10 11 1 10 10 10 10 10 10 10 10 10 1	
Cemetery or crematory	Where did Injury Occur?
Location	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director A. M. A.	nivers of might
Address Profield Maryland	23. SIGNATURE Bobert Bestrand May Mh
19. 19. 19 48 John Wace A. Begistrar	Address Date signed

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

WRITE

PLEASE

(Date rec'd by registrar)

A15 SN

MARGIN RESERVED FOR BINDING



6 1 At 1



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10425

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	moriage	nits, write RURAL and give nearest town)	State Maryland County Dorchester City or town Cambridge, Haryland (If outside city or town limits, write RURAL and give nearest town) Streel No. 31 Douglas Street (If rural, give LOCATION)		
		mits, write RUKAL and give nearest town)			
Hospital, institution, o	r street address where t	leath occurred:			
ol Doug	glas Str	eet			
How long in hospital o	or Institution?		2.(o) It veleran, name war	***************************************	
3. (a) FULL NAM	IE		3. (b) Social Security	Number	
David	Mc Girt				
4. Ssx	5. Color or race	6.(a) Singls, married, widowed, or divorced	MEDICAL CERTIFICATION	1	
Male	Negro	single	20. DATE OF DEATH October 10, 19 ×8	<i>P</i>	
E (b) Name of husbans	d or wile		21. I CERTIFY that death occurred on the date above stated; that I allended dec	eased from	
			19 10 10 19		
7. 6irth date of deceased (mo., day, yr.) XAME 5, 1893			aed that I last saw h. imalive on Oct. 10	1940	
deceased (mo., day.			Immediate cause of death	DURATION	
8. AGE: Year 55	rs Months	Days It less than one day 5 hrs. min.	congestive heart failure		
			Due to Hypertensive Cardio		
9. Birlhplace			Vascular diaseas	***************************************	
10. Usual occupation Losboe:				****	
nono			Due to		
11. Industry or busine	38				
12. Name Unknown			Other conditions	•••••••••	
			(Include pregnancy within 3 months of death)		
14. Malden name			Major fiadiags of operations		
2 15. Birthplace			Dale of op.		
18 Intermant Lizzie Richards			Actorsy results	,	
Address 3	l Douglas	~t.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address	7	0 1 30 101	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
(Burial, crematio	n, or removai. Which?)	Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
cemetery or crematory			Where did injury occur?	(State)	
Cambroage, Mary Land			Injured at home, farm, industry, public place (where?)		
_			Meens of Injury Injured at work?		
		Bayneyn	10 11		
Address Camb	oriage, Ma	aryland	a country of lever franch	5	
0 -	8 10×P	John Mace, J.	277) M. D.	or other	
19. (Date rec'd by r	egistrar)	Registrar	Address Am Drade Dale signed	10-16-K	

1948-10-10

OCT 20 1943

BUREAU V. S.



MARGIN RESERVED FOR BINDING

	FILM No. G 117 NOV 1 1948 CERTIFICAT	E OF DEATH Reg. Diat. No. 1/6
A.	I. PLACE OF DEATH: County DORCHESTER	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
egi	City or town	State MARYLAND County DORCHESTOR
nd	How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)
rly a	Bespital, Institution, or street address where death obsurred: AMBRIDGE MARYLAND HOSPIDE	Street No.
clearly	How long in hospital or institution? 16/2 Hours	(If rural, give LOCATION) 2.(a) It veteran, name war
death	3. (a) FULL NAME	3. (b) Social Security Number
	HORACE MOORE	
s of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
causes	male page married	20. DATE OF DEATH OCTOBER 16 1948 314:307
the ca	6.(b) Name of husband or wife 11 500 12	21. I CERTIFY that death occurred on the date above etated; that tattended deceased from
write 1	7. Birth date of	and that I last saw h. I. alive on October 16 18 K
.	deceased (mo., day, yr.) 8. AGE: Yeare Months Days It less than one day	Immediair cruse of death PARALYTIC ILEUS) ? DURATION
ease	79 11 921arsmin.	TOXELLA (PARALYTIC ILEUS)
d:	9. Birthplace (lown, county, and atate)	Due to acute INTESTINAL HOLD
Physicians	tD. Usual occupation	OBSTRUCTION 1997
ysic	11. Industry or business	Due to
Ph	# 12. Name Leonal	Other conditions MYOCARDIAL FAILURE?
ant.	₹ 13. Birthplace 11. Tell Ora	(Include pregnancy within 3 months of death)
mport	t4. Maiden name	Major fiedings of operations.
imi	X 15. Birthplace	Date of op.
ally	t6. Informant	Autopsy results
pecial	Address JOH Fund St Camby ma	22. VIOLENCE: It death was due to external causes, till in the tollowing
es]	Burial, cremation, or removal, Which	Accident, suicide, or homicide
.53	Cemetery or crematory	Whera did Injury occur?
	Location Cambridge mt	Injured at home, farm, industry, public place (where?)
	18. Funeral disector allers 15 3 aprileges	Means of Injury Injured at work?
	Address Cambridge fond.	23 SIGNAPHRE
1	19. O-23 19.48 from there of Registrar	Address aubridge Md Date signed //6/1/



2411 N. Charles St., Baltimore

			CERTIFICA	TE OF DEAT	ГН	Reg. Dist. No.	116
How long in above place of Hospital, Institution, or st Cambridge How long in hospital or in	Dorche Cambri side etty or town li death? Fi reet address where Maryl	dge mits, write R ve Da death occurred and H	CURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother) State Maryland County Dorchester City or town (If outside city or town limits, write RURAL and giva nearest town) Street No. 425 High Street (If rural, give LOCATION) 2.(a) II veteran, name war.			
3. (a) FULL NAME						3. (b) Social Securi	ity Number
4. Sex 1	5. Color or race		Baby Morris		HELLE III.		
					- ·	ERTIFICATION	8 530/2
Female	Negro	Si	ngle	2D. DATE OF DEATH	Oct	14 19.4	8 a 1 /P
7. Birth date of deceased (mo., day, yr.)	• • • • • • • • • • • • • • • • • • • •		c) If alive, give ageyea	Pet 1	occurred on the date about 19.	pove alated; that I attended d	Jecesaed from
8. AGE: Yeara	munias	5	hrsmi	Bir	th insi	4.4.	5 day
9. Birthplace	None	ock		Due 10	atunty	J	0
				(Include pregnancy within 3 months of death)			*****
Date 1				Majar findings af apera	Majar findings af aperations		
	od Molo	ek	•••••••••••••••••••••••••••••••••••••••	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			red statistically.
Burial, cremation, or			of Oct. 15, 194				
Cemetery or crematory.	Waugh (lemete	ry	Whera did Injury occur?	(City or town)	(County)	(State)
Location Camb	ridge, N	Maryla	nd			where?)	************************
18. Funeral directorHe	erbert N ridge, N	.liSti	cCtair, Jr	Means of Injury Injured at work?			v mib.
19. O - /J (Date ree'd by regist	19 X.8	John	mace, f. m?	23. SIGNATURE RA	ce At . Car	ulnight M. Date signe	D. or other

WITH UNFADING INK. Supply every item of information carefully, important. Physicians: please write the causes of death clearly and li

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BUREAU V. S.

NAME OF TAXABLE

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2411 N. Charles St., Baltimore

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og. Dist. No.

CERTIFICATE OF DEATH

		CERTIFICA	TE OF DEATH	Rog. Diat. No.		
Pii	EATH: hester ral-Fishi:	ng Creek	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother) Maryland State. County. Dorchester			
How long in above place	outside city or town lim to of death?	its, write RURAL and give nearest town)	Slate			
How long in hospital o	•••••••••••••••		(If rura), give World W8	er 11		
3. (a) FULL NAM		hur Willey Phillips		3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	White	Married	2D. DATE DF DEATH Octobe	er 17, 19 48 15:45P		
	777 a la 1	Phillips 5.(c) If alive, give age	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from			
8. AGE: Year 53	7	Days If less than one day 25hrs. min.	Immediate cause of death	vertical DE DURATION		
	shing Cree (Town, ec	ek, Dor. Co., Md.	Due to ay Easpha	gub 6 mg		
	ss Seafood		Due to.			
	gustus E.	Phillips	(Rulmiles hm 10dan			
	Marylad		Other conditions diverticulum			
And the second s		ron	(Include pregnancy within 3 m	onths of death)		
14. Maiden name	Laura Aa:	. Yaa	Major fiedings of operations			
≥ 1 15. Birthplace	s. Ethel	Philling		Date of OD.		
		ek, Maryland.	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.			
			22. VIOLENCE: If death was due to external caus	ses, fill in the following:		
	n, or removal, Which?)	Date thereof Oct . 20, 1948 (month) (day) (year)	Accident, suicide, or homicide	Date of		
Cemelery or cremate	or, Dorches	ter Memorial Park	Where did injury ordur? (City or town)	(County) (State)		
Location Ca	mbridge,	Maryland.	Injured at home, farm, Industry, public place (where?)			
18. Funeral director	LeCompte !:	s Funeral Service	Means of Injury	Injured at work?		
Address Ca	mbridge,	Maryland.	d. Caretage	neade mit,		
Date rec'd by re	9 19×8	James Meale	23. SIGNATURE Tisling Cree	le hol M. D. or other /x8		

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2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: 1) Vochenter County City or town Chesty reake Bay	2. USUAL PESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(If outside city or town limits, write RUKAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	Cily or town. (If outside city or town limits, write RURAL and give nearest town) Street No.
How long in hospital or Institution?	(If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Nathan Carter	Rich 3. (b) Social Security Number
Male Negro Unknown	MEDICAL CERTIFICATION 20. DATE OF DEATH OF 2 19/8 21 M
6.(b) Name of husband or wife OC 74 K30 V3	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
hrsmin.	"Boujamin Kalova" Oot 24
9. Birihplace	Oue to
11. Industry or business + 15 h 1 M 5	Oue to
12. Name	(Include pregnancy within 8 months of death)
14. Maiden name sharp vyn 15. Birthplace sharp vyn 15. St	Major findings of operations
Address Control Per Manies Korter (Jepahir)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Date thereof No V 10 1945	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or cramptory Location Keidsville Vag.	Where did Injury occur?
Address Lumber & G. D. Harl	Means of Injury Injured at work?
19. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other M. D. or other M. D. or other Date signed Macro H

WITH UNFADING INK. Supply every item of i important. Physicians: please write the causes

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICA	TE OF DEATH	Reg. Dist. N	. 116	
How long in above plac Mospital, institution, o Elliott How long in hospital o	eal-Vienn outside city or town I e of death? I r street address where s Island or institution?	1fe death occurre	RURAL and give nearest town) d: =RFD # 3	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester Rural-Vienna (If outside city or town limits, write RURAL and give nearest town) Street No. Elliotts Island Road-RFD # 3 (If rural, give LOCATION) 2.(a) If veieran, name war.			
3. (a) FULL NAM		ton C	arl Richardson	3. (b) Social Security Number			
Male	5. Color or race White	6.(a)Sing	e, married, widowed, or divorced Single		certification 31, 19		
7. Birth date of deceased (mo., day. 8. AGE: Year 4.8 9. Birthplace.RFT 10. Usuat occupation. 11. Industry or busines 12. NameRO 13. Birthplace 14. Malden name 15. Birthplace 16. Informant	y.) Jan. Months 9	12, 1 Days 9 enna county and Trappe ur Richa: Wille:	titiess than one day hrs. min. Maryland atate) er rdson	21. I CERTIFY that death occurred on the dale and that I last saw h	Susion Susion Susion Susion Susion Bate of op.	al 19 III III III III III III III III III	
Burial Cremation Cemetery or cremat Location C8 18. Funeral director	umbridge, LeCompte ambridge,	ster l Mary	eel Nov. 3, 1948 (month) (day) (year) Memorial Park land neral Service	PHYSICIAN: Please underline the cause to 22. VIOLENCE: It death was due to external of Accident, sulcide, or homicide	causes, till la the tollowing: Bate of (County) (where?) Injured at work	(State)	

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NFADING INK. Supply every item of information carefulation. Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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116 Reg. Diat. No ..

1. PLACE OF DEATH: County Dorchester	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For powhorn infants give residence of mother)		
City or town Cambridge	State Maryland County Dorchester		
(If outside city or town limits, write RUKAL and give nearest town)	City or town Rural-Fishing Creek		
How tong in above place of death? Three Years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: 404 Academy Street	Street No. Fishing Creek		
TOT ACADEMY DOITES	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) tt veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Susie May Ruark			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE DF DEATH October 17, 19 48 at 2:50A		
5.(b) Name of husband of wife. William Thomas Ruark	21. I CEPTIFY that death occurred on the date above stated: that I attended deceased from 19 7 19 48		
(Died-9/3/1905) 6.(c) If alive, give age ye			
T7 7 7 000	and that I last saw h alive on OCTOBER 17 18 48		
deceased (mo., day, yr.) JULY 1, 1856 8. AGE: Years Months Days It less than one day	Immediate cause of death		
92 3 76	MYOCAN) AL FAILURE		
	(TOXIC MYOCAR) ITIS		
9. Birthplace Dorchester County, Maryand (Town, county, and atate)	CARCINOMA (SKIN) WIDESDIEAD.		
10, Usual occupation	Bue to		
tt. Industry or business			
12. Name Not Known 13. Birthplace 11	Other conditions GENERALIZED OSTEO ARTHRITIS		
	(Include pregnancy within 3 months of death)		
14. Maiden name. Not Known 15. 8irthplace 88 88	Major findings of operations.		
S 15. 8 irthglace			
ts. Interment Mr. Warren Ruark	Autoney results		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Hoopersville, Maryland	22 VIOLENCE: If death was due to external causes till in the following:		
t7. Burial Date thereof Oct . 19, 194 (month) (day) (year)	8 Accident, suicide, or homicide		
(Burial, eremation, or removal, Whieh?) (month) (day) (year) Cemetery or crematory Hill Field Cemetery	Accrecit, suices, or nominous.		
	Where did injury occur? (City or town) (County) (State)		
Location Hoopersville, Maryland.	Injured at home, farm, industry, public place (where?)		
18. Funeral director LeCompte's Funeral Service	Means of Injury Injured at work?		
Address Cambridge, Maryland.	Contractor of		
19. 10-21- 19 ×8 John Mace, Jr.	m 23 GIGHAGINE M. Poorfother / 18		
19. (Date rec'd by registrar) Registr	ar Address Date signed 10 180		

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CEPTIFICATE OF DEATH

		CERTIFICA	ALE OF DEATH		Reg. Dist. No	7.10
1. PLACE OF DEAT County Dorche	H:		2. USUAL RESIDENCE (For newborn infants giv	IOME) OF	DECEASED:	
City or town Camb	ridee		State Maryland	State Maryland county Dorchester		
City or town(If out	side city or town lin	nits, write RURAL and give nearest town)	City or town Cambri	dge	write RURAL and give nea	
How long in above place of	death?	ears	(If outside city	or town limits,	write RURAL and give ne	rest town)
Hospital, institution, or st	reet address where de	eath occurred: Land Hospital	Street No. 105 Ce	dar St	reet	
Camprid	ige mary	Jours		(If rural, give I	LOCATION)	
How long in hospital or in	stitution?	10 41-3	2.(a) If veteran, name war			
3. (a) FULL NAME		y May Lewis Rumbl	ey		3. (b) Social Security 214-07-75	Number 04
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEI	DICAL CE	RTIFICATION	
Female	White	Married	20. DATE OF DEATH	Φctc	ber 4, 19 48	,at 8:30A
7 Birth date of		evey Rumbley 8.60 It alive, give age 48	21. I CERTIFY that death occurred	t9	48 10 OCE.	4 19.4.8
deceased (mo., day, yr.)			Immediate cause of death			
8. AGE: Years 49	Months 7	Days If less than one day 23hrs.	min. Cerebra	lac	cident	11 hours
9. Birthplace Oxfo	rd, Talk	oot Co. Maryland	Due to arterios	elus	sec	Islant
10 Usual occupation IV	lachine (perator				***************************************
11. Industry or business			Due to	*******************		*
	mas J. 1	Lewis	Dther conditions Deal	. to 2	cullitus	4 grass
M Tu	apy Elis	abeth Moore	(Include pregn	ancy within 3 m	onths of death)	
14. Maiden name	, , , , , , , , , , , , , , , , , , ,	1000 OIL HOOL O	Major fiedings of operatious			
15. Birthplace Ma	ryland				Date ot op	
16. Informant Mr.	F. Harvy	Rumbley	Autopsy results			
		[aryland.	PHYSICIAN: Please codertine	the cause to whi	ich death shootd be charged	statistically.
17. Burial			22. VIOLENCE: If leath was du	1		
(Burial, cremation, o	To make ad	(month) (day) (year)				
		er Memorial Park Maryland.	Where did injury occur?			(State)
Location	IDI.TARE	mary Lanu.	******	hanne hides (all	Injured at work?	
		's Funeral Service	Means at injury	000	A 1/2	000,0
Address Camb	ridge, I	Maryland.	23. SIGNATURE	lectrie	les H. Wo.	or other
t9. (Date rec'd by regis	19 4 6	John Mary	trar Address Lambu	der,	MA Date signed.	18-4-48

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BUREAU V. S.

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

		CERTIFICAT	L OI DEATH	Reg. Diat. No.	
1. PLACE OF D	EATH: chester		2. USUAL RESIDENCE (HOME) 0 (For pewborn infanta give residence of	mother)	
City or town	tral-Cambr foutside city or town lin ace of death? 18 or street address where d RFD # 2-(S	ewards)	State Maryland County Dorchester City or town Rural-Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. RFD # 2 (Sewards) (If rural, give LOCATION)		
	or Institution?		2.(a) It veteran, name war		
3. (a) FULL NAI		Lee Seward		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Divorced	20. DATE OF DEATH. Octobe	r 28, 19 48 at 9:30 P.	
7. Birth date of		e Stanton 6.(c) If alive, give age years 1870	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended discussed from Reserved	
8. AGE: Yes	ars Months B 4	Bays If less than one day 2hrsmin.	Immediate cause of death Affai	degree barre 10 min	
9. Birthplace Nr.	Former	e, Dor Co., Md.	Due to. Due to.	y turning	
11. Industry or busin	11				
	narles Hen Maryland	ry Seward	Other conditions		
14. Malden nam		e B. Radcliff	(Include pregnancy within 3		
₹ 15. 8irthplace	Maryland.				
18. Informant ATAY	iss Margar ambridge,	X	Autopsy results PHYSICIAN: Please underline the cause tu w	hich death should be charged statistically.	
17. Bur:	ial on, or removal, Which?) alory Dorches	Date thereof Oct. 30, 1948 ter Memorial Park	22. VfÓLENCE: If death was due to external car Accident, suicide, or homicide	uses, fill in the following; Left Date of 10-28-48 (County) (State)	
Location CE	ambridge,	Maryland	Injured at home, farm, Industry, public place (w		
18. Funeral director	LeCompte!	s Funeral Service	Means of Injury	Injured at work?	
	ambridge,	1 0 -0	23. SIGNATUNE DE FULTE THE	de Cal Bramines	
19	registrar)	Hegistrur	Address Cambridge	MJ. Date signed JO -29-47	

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2411 N. Charles St., Baltimore

	100	CERTIFICAT	TE OF DEATH Reg. Dist. No.	TT6	
1. PLACE OF DE	hester		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How long in above plac	e of death?	nits, write RURAL and give nearest town)	State Maryland County Dorches City or town Cambridge (If outside city or town limits, write RURAL and give		
Main St	or street address where o	eath occurred: ethodist Church 	Streel No. 212 West End Ave. (If rurnl, give LOCATION) 2.(a) veleran, name war 3.(b) Social Security Number 215-03-5204		
3. (a) FULL NAM	IE R	ichard H. Shores			
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH October 20, 19 4	8 1:30P.	
	T 0	erite M. Townsend 6.(c) If alive, give age 60 years 1887	and that I last saw hative on19		
8. AGE: Year 61		Days If less than one day 13	Immediate cause of death Angina Pectoris	geveral years	
10. Usual occupation.	gwoods, T Carpente Constru ward Shob	ction	Due to. Arterio-Sclerosis Due to. Due to. Dther conditions	" <u>B</u>	
13. Birthplace	Maryland Josephin Maryland		(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: Il death was due to external causes, fill in the following: Accident, suicide, or homleide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
16. Informant	s. Maggie mbridge,	M. Shores Maryland.			
Cemetery or cremat	Dorches	Date thereof Oct. 23, 1948 (month) (day) (year) ter Memorial Park			
18. Funeral director		aryland s Funeral Service aryland.			
19. / 0 -	25 19 48	John Mare, J. M.	23 Signature Dep. M. M. Cambridge, Md. Bate sign	Med.Exam. D. or other Oct. 23/48	

Cambridge,

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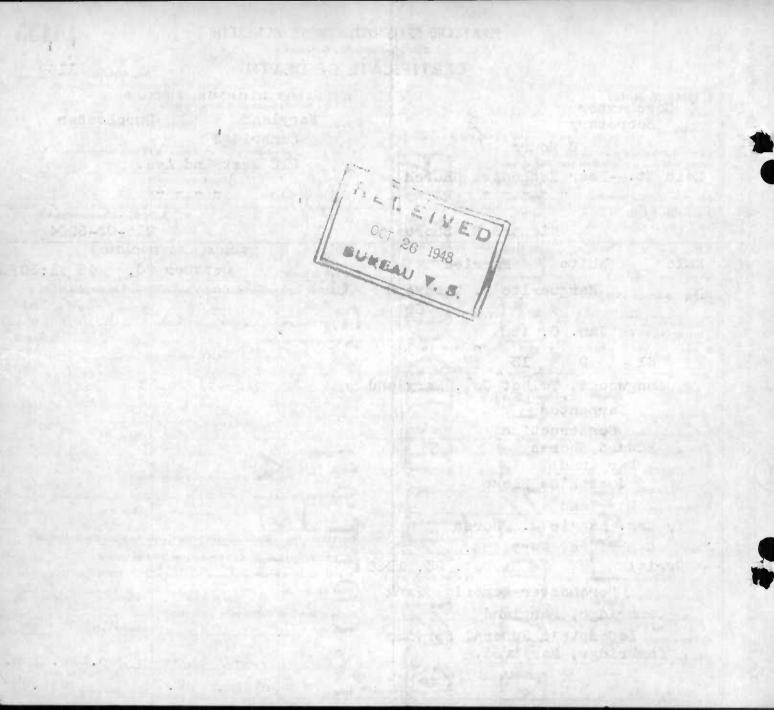
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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICA	IE OF DEATH	Reg. Diat. No. LLO	
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence o		
City or town RU	ral-Cambr	ridge		State Maryland Co	ounty Dorchester	
Hospital, Institution, o	outside city or town in e of death? 60 r street address where LPds-RFD	death occurred	RURAL and give nearest town) 3	City or town Rural-Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. Sewards-RFD # 1 (If rural, give LOCATION)		
How long in hospital o	or Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM		essie	Shorter		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White		Married	2D. DATE DF DEATH. Octo	ber 10, 19 48 at 1 P.	
6.(b) Name of husband	or wife Bessi	ie Wil	lley	21. I CERTIFY that death occurred on the date a	bove stated: That I attended deceased from	
7 Right date of		6.(c) tf alive, give ageyears	and that I last saw h		
0. 1100.	Immediate sanse of death				Herry 3de	
1D. Usual occupation.	Fur Tra	oper		Due to		
	Maryland	***************************************				
E . Maldan and	Anna Pro	octor		(include pregnancy within a	months of death)	
H-0	Maryland			Major findings of operations.	-	
Mac	. Mitche.	17 Sho	orter	Antonsy results.	Date of op	
TO, Illiotinali	bridge, l			PHYSICIAN: Please underline the cause tn	which death should be charged statistically.	
17. Buris (Burial, cremation Cemetery or cremat	n, or removal, Which?) ory Dorches	Date then	eef Oct. 12, 1948 (month) (day) (year) Memorial Park	22. VIOLENCE: If death was due to external confidence and accident, suicide, or homicide. Where did Injury occur?	Date of	
	mbridge,				where?)	
18. Funeral director. Le Compte's Funeral Service Address Cambridge, Maryland.				Misans of Injury	tnjured at work?	
	19 × P		mare, J. n	23 SIGNATURE.	M. D. orgother	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Dorchester	State Maryland County Wicomico			
City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 6 months	City or townSalisbury			
Hospital, Institution, or street address where death occurred:	Street No. Ocean City Blvd.			
Eastern Shore State Hospital	(If rurs), give LOCATION)			
How tong In hospital or institution? 6 months	2.(a) It veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Herbert T. Trice	219-05-8586			
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male white married	20. DATE OF DEATH October 19 19 48 21 11:05 pm			
6.(b) Name of husband or wife Elva Messick	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
6.(6) Name of husband or wife	April 20, 1948 19 to Oct. 19 1948			
7. Birth date of	and that I last saw h. i.m. alive on Oct. 19			
deceased (mo., day, yr.) January 14, 1885	Immediate cause of death			
8. AGE: Years Months Days If less than one day	Cerebral Hemorrhage			
63 9 5hrsmln.				
9. Birthpiace Caroline County, Md. (Town, county, and state)	Oue to Cerebral arteriosclerosis			
10. Usual occupationsalesman	Gue to			
11, industry or business	000 10.			
# 12. Name John Warner Trice	Other conditions Psychosis with Cerebral			
13. Birthplace Maryland	Arteriosclerosis (Include pregnancy within 3 months of death)			
Al				
14. Malden name Alverta Horsey	Major findings of uperations			
∑ 15. Birthplace Delaware				
14. Malden name Alverta Horsey 15. Birthplace Delaware 18. Informant Eastern Shore State Hospital Records	Autupsy results.			
Address Cambridge, Maryland	PHYSICIAN: Please underline the cause tu which death should be charged statistically.			
	& VIOLENCE: If death was due to external causes, till in the tollowing:			
(Bull cremation, or removal Which?)	Accident, suicide, or homicide			
Cemetery or cremator askury M. E. Cennelun	Whers did Injury occur?			
maio near Association del.	Injured at home, farm, industry, public place (where?)			
Location	Means of injury Injured at work?			
18. Funeral dis Dellarray & le Janual P. Tfoll	1 / / /			
Address falleliff med.	23 SIGNATURE MULLIN IMMENTAL			
10 II. mass h. ms	23. SIGNATURE Grace M. Branscompe, M.D. M. D. or other			
19. / O = 20 - 19/48 (Date rec'd by registrar) Registrar	Address Cambridge, Md. Date signed 10/19/48			



OCT 21 1948

BUKEAU V. S.